

To Be Completed By Human Resources

Group Number 171914	Division	Billing Category	Date of Employment
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To Be Completed By Applicant

- Apply for Coverage Additional Life Beneficiary Change **Complete Beneficiary Section.**
- Add Dependent Delete Dependent Date of add/delete _____
- Reinstatement Name Change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	Gender
Your Address		City	State ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number	
Employer Name City of Tampa	Job Title/Occupation		
Hours Worked Per Week	Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you, and if applicable, medical underwriting requirements. Submit a medical history statement at myeoi.standard.com/171914.

Life Insurance

Additional Life requested amount \$ _____

Dependents Life Insurance

Spouse Life requested amount \$ _____

Spouse Name _____ Date of Birth _____

Child(ren) Life \$5,000 \$10,000

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally unless you provide for unequal shares.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Return completed form to your Human Resources Department.

Beneficiary

This designation applies to your ADDITIONAL LIFE insurance, if any, available through your employer, unless replaced by a separate and later designation. To designate Basic Life with AD&D insurance beneficiaries, visit your enrollment portal. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the group policy during your lifetime.

The following designation applies to **ADDITIONAL LIFE COVERAGE.**

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*
Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*
Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No.	Relationship	% of Benefit*

*Total must equal 100%

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

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